

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005200

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: SPACE COAST CAT CLUB, INC.

## Current Principal Place of Business:

14642 MIRASOL MANOR COURT  
TAMPA, FL 33626

## New Principal Place of Business:

14760 CRAZY HORSE LANE  
PALM BEACH GARDENS, FL 33418

## Current Mailing Address:

PO BOX 30396  
PALM BEACH GARDENS, FL 33420

## New Mailing Address:

FEI Number: 59-3527490

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATTS, JUDY L  
14642 MIRASOL MANOR COURT  
TAMPA, FL 33626 US

## Name and Address of New Registered Agent:

DEEN, DALAINA  
13565 TANGERINE BLVD.  
WEST PALM BEACH, FL 33412 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DALAINA DEEN

01/15/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WATTS, JUDY L  
Address: 14642 MIRASOL MANOR COURT  
City-St-Zip: TAMPA, FL 33626

Title: SD ( ) Delete  
Name: DEEN, DALAINA  
Address: 13565 TANGERINE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: TD ( ) Delete  
Name: CARTER, DARCELLE D  
Address: PO BOX 30396  
City-St-Zip: PALM BEACH GARDENS, FL 33420

Title: VPD ( ) Delete  
Name: DUCKETT, NANCY  
Address: 6480 S.E. 42ND COURT  
City-St-Zip: OCALA, FL 34480

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DUCKETT, NANCY  
Address: 6480 S.E. 42ND CT  
City-St-Zip: OCALA, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WIDEMER, THOMAS  
Address: 13565 TANGERINE BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARCELLE D CARTER

TD

01/15/2008

Electronic Signature of Signing Officer or Director

Date